

**STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES**

2006 APPLICATION FOR EDUCATION AND TRAINING VOUCHER (ETV) PROGRAM

GENERAL INFORMATION:

For School Year **STARTING** (date) _____ **ENDING** (date) _____
 NAME: _____
 DATE OF BIRTH: _____ Gender _____ Social Security # _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: (____) _____ EMAIL: _____

SOCIAL WORKER COMPLETES:

CPSS Case # _____ Client # _____

Social Worker _____ Telephone # _____

Section _____ Unit # _____

ELIGIBILITY INFORMATION: (Check **ALL the following that describe your situation.)**

- ☐ I was in foster care with the Department of Human Services until my 18th birthday.
- ☐ I am participating in the Department's higher education program and am younger than age 22.
- ☐ I would have been eligible for the higher education program but did not apply within one year of graduation.
- ☐ I was participating in the ETV program on my 21st birthday and am under age 23 years.
- ☐ I previously received ETV funds in the following years: _____

High School: _____ Graduation or GED date: _____

Name and address of college/university or vocational program I am, or will be, attending: _____

Name & Type of Program: _____

I will start (started) the program on: _____ How long is the program? _____
 (Month/Day/Year) (# of Years &/or Months)

Current college GPA: _____ Date for GPA: _____

Name of payee (ex. ILP Provider): _____

Payee Address: _____

COST OF ATTENDANCE: (Use information from your financial award letter to help you complete this table.)

LIST ALL AMOUNTS FOR A <u>YEAR</u>	Total Cost for the Year	Scholarships and grants for the year	ETV Requested for the year.
Tuition and fees			
Room and Board			
Books and Materials			
Equipment & Supplies (tools, special clothing, computer, etc.) Specify: _____			
Transportation (bus pass, driver education, insurance, gas, off-island travel for school) Specify: _____			
Other (tutoring, special study projects, clothing, child care, etc.) Specify: _____			
Totals			

Make a copy of this application and attachments for your records.

SCHOLARSHIPS/GRANTS (List award amounts in "Cost of Attendance" section)

I understand that I must apply for scholarships and grants. I have completed the following:

<u>Date</u>		<u>Awarded (Y/N)</u>	<u>\$ Amount</u>
<input type="checkbox"/>	Free Application for Federal Student Aid (FAFSA).		
<input type="checkbox"/>	Victoria S. & Bradley G. Geist Foundation		

List **ALL** other scholarships, loans and grants for which you applied, including date of application, date of notification, and award amount

Date applied	Awarded (Yes/No)	Award amount	Award period	Source: Federal/Private	Name of scholarship, grant, or institution granting loan

ETV Check List: APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING DOCUMENTS.

- ☐ **Letter of acceptance** required for new students & students transferring to a new/ different school.
- ☐ **Current transcripts** for applicants participating in higher education.
- ☐ **Independent Living Transition Plan** that includes: a) the costs of participation in a post-secondary program; b) a budget that supports the current request for ETV; and c) a short personal statement that describes your academic and career goals, and how further education or training will assist you to become self-sufficient in the future.
- ☐ **Financial aid award letter** from the university/college or institution that you plan to attend.

AGREEMENT TO COMPLY: (Please read and initial each of these statements)

- _____ If attending a university or college, I have filed the Free Application for Federal Student Aid (FAFSA).
- _____ I will provide the Department with the documentation it requests to verify that I am satisfactorily meeting the academic or training requirements of the program that I am attending.
- _____ I will provide documentation to verify receipt of other financial aid or other resources listed on this application.
- _____ I will provide the Department with the documentation it requests to verify expenses listed on this application.
- _____ I will notify the Department **within 7 days** of the date of any change that may impact my eligibility, including but not limited to not attending higher education or changing my address.
- _____ I certify that the information provided in this application is correct to the best of my knowledge.

Applicant's Signature: _____ **Date:** _____

DETERMINATION:☐ **APPROVED**☐ **DENIED**

Amount Approved: _____

Recommended by Social Worker: _____ Date: _____

Approved by Supervisor: _____ Date: _____

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